

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15K053</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/10/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MAXIM HEALTHCARE SERVICES INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5401 VOGEL RD STE 630</b> <b>EVANSVILLE, IN 47715</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>This was a home health federal Medicaid only complaint investigation survey.</p> <p>Complaint #: IN00100511; Unsubstantiated due to lack of sufficient evidence.</p> <p>Survey Date: 5-10-12</p> <p>Facility 3; 012153</p> <p>Medicaid Vendor #: 200484160d</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Agency census: 22 skilled patients, 87 home health aide only patients, and 0 personal services only patients.</p> <p>Maxim Healthcare Services was found to be in compliance with 42 CFR 484.14 Condition of Participation: Organization, Services, and Administration as it relates to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 15, 2012</p>			G 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.